BEST AVAILABLE COPY

DATENT ADDITION FOR DESCRIPTION AND									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2000									09/831046					
CLAIMS AS FILED - PART I (Calumn 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS				- 16 7 - 16 V		lr	RATE FEE		7	RATE	FEE			
FOR			NUMBER FRED		NUMBER EXTRA		B.	BASIC FEE		OR	BASIC FEE	22		
TOTAL CHARGEABLE CLAIMS			8 minus 20=					XS 9=		OR	\	(Mc		
IN	DEPENDENT C	LAIMS	minus 3 =		•			X40=	1	1_	X80=			
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT				-	135=	1	-IOA				
* If the difference in column 1 is less than zero, enter "O" in column 2										OR	+270=			
										OR	TOTAL	Se B		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3							MALL	ENTITY	OR	OTHER SMALL	THAN		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	EA USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
ENDN	Total	10	Minus	. 0	2	- 0	×	\$ 9=		OR	X\$18=			
A	Independent	· Ø.	Minus	<u> </u>		<u> </u>	×	(40=		OR	X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								135=		OR	+270=	/		
	11.12.04							TOTAL			TOTAL	->-1		
	11.18	(Column 1)	ın 2)	(Column 3)	ADD	IT. FEE		OR,	ADDIT. FEE					
AMENDMENT B		CLAIMS REMAINING	10-11:00	HIGHE	SY				ADDI-	7 r		ADDI-		
		AFTER AMENOMENT		PREVIO	USLY	PRESENT EXTRA	A	ATE	TIONAL FEE		RATE	TIONAL FEE		
	Total	. 14	Minus	20		=	×	S 9=		OR	X\$18a			
Ā	Independent FIRST PRESE	IRST PRESENTATION OF MULTIP		DEPENDENT C		X4		40=		OR	X80=			
INDESTRUCTION OF INDESTRUCTION OF INDESTRUCTION								135=		OR	+270=			
O.	0 00 00									OR	YOYAL ADDIT, FEE			
S (Column 1) (Column 2) (Column 3)														
AMENDMENTC	ans	CLAIMS REMAINING! AFTER AMENDMENT	· · · · · · · · · · · · · · · · · · ·	HIGHE NUMB PREVIOU PAID F	JSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 13	Minus	· 21	\mathcal{L}	=	X	\$ 9= `	'	OR	X\$18=			
	Independent	· 2	Minus	·· 3/·		•	×	40=			X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR				
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the Tighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." Appril 66										OR	+270=			
****	the Highest Nur	nder Previously Pol nder Previously Pa	d For IN THIS	S SPACE is 1 S SPACE in 1	less (har less than	n 20, enter "20," n 3, enter "3"	ADDI	T. FEE			TOTAL LODIT, FEE			
1	ne Teghesi Num	ber Previously Paid	For (Total or	Independen	a) is the	highest number	found in	the app	ropriate box	in cot	mm,1.	- 1		
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FORM PTD-676